MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-023613

STATE FILE NUMBER

Registration District No. 146   Primary Registration District No. 3026   Registrar's No. 314

FILED JUL 10 1962

DO NOT WRITE ON THIS STUB	AMENDED					
VS 300 Rev. 4/59						
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ — INSTEAD OF — DOCUMENT

BY AFFIDAVIT OF

ITEM NO.

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Independence
Length of stay in 1b: 9 Months
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Indep. Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri   b. COUNTY: Jackson
c. CITY OR TOWN (If outside, give location): Independence   Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS: 2624 S. Arlington   Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)
First: NORA   Middle: ETHEL   Last: WISE

4. DATE OF DEATH   Month/Day/Year: July 4, 1962

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: Sept 18, 1897
9. AGE (last birthday): 65   IF UNDER 1 YEAR: Months/Days   IF UNDER 24 HR: Hours/Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Christian Co, Mo.
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Charles Butler
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Hugh J. Wise   dec

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
17. INFORMANT   Address: Ind, Mo.   Mrs. Wilda Stacey 2624 Arlington

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Cor Pulmonale, Pulmonary Hypertension	5 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Severe Pulmonary Fibrosis	3 yrs.
DUE TO (c)	Pulmonary Emphysema, Chronic bronchitis [illegible]	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days: ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour — a.m./p.m.   Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION   COUNTY   STATE

21. I attended the deceased from Oct. 1961, to July 4, 62 and last saw her alive on 7-4-62
Death occurred at 11:50 a.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: [signature] mo   (Degree or title)
22b. ADDRESS: Independence, Mo.
22c. DATE SIGNED: 7-4-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: July 4, 1962
23c. NAME OF CEMETERY OR CREMATORY: Boaz
23d. LOCATION (City, town, or county): Boaz, Mo.   (State)

24. FUNERAL DIRECTOR ADDRESS: OTT & MITCHELL   INDEP, MO.
25. DATE RECD. BY LOCAL REG.: 7-4-62
26. REGISTRAR'S SIGNATURE: Alba F. Craig

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____ , Student Embalmer No._____

working under my personal supervision.

Student_____   Signed _Henry D Mitchell_____

Signature of Student Embalmer   Licensed Embalmer No._3925_

P. O. Address _Indep MO._

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply
with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.